

DRAFT DIRECTIVE FOR RESTRICTIVE PROCEDURES, RESTRAINT, AND SECLUSION TIME OUT

PURPOSE: Prescribes policy on the use of physical and chemical restraints, seclusion time out, and other reactive strategies and identifies prohibited procedures.

APPLICATION: Applies to the Division of Developmental Disabilities Contracted Provider Agencies

(1) As used in this DIRECTIVE, unless the context clearly requires otherwise, the following terms shall mean:

- A. Behavior support plan – A part of the Individual Support Plan that is comprised of behavior analytic procedures developed to systematically address behaviors to be reduced or eliminated and behaviors and skills to be learned. These plans are developed by a licensed behavioral service provider in collaboration with the individual's support system. The techniques included in the plan should be based on a functional assessment of the target behaviors. The techniques must meet the requirements for the practice of applied behavior analysis under section 337.300. to 337.345 **RSMo**.
- B. Blocking – A staff person using a part of their body to avoid harm when an individual is attempting to hit, kick, or otherwise harm the staff or another person. For example the staff might place a stationary, open hand and extended arm, a side of their body or extended leg in the path of an individual's arm or leg. This involves no grabbing or holding and is not considered a manual hold procedure. Use of pads, cushions or pillows to soften or prevent impact to the individual or others is also considered blocking.
- C. Chemical Restraint – Chemical restraints - as defined in section 630.005, RSMo, are medications administered with the primary intent of restraining a patient who presents a likelihood of serious physical injury to himself or others, not prescribed to treat a person's medical condition.
- D. Due Process – A process in which individuals are involved and have the opportunity to voice any concerns if their rights are limited or restricted for therapeutic purposes. If they disagree, they have access to external advocacy. Any limitations or restrictions must have specific plan how the person's rights may be restored.
- E. Due Process Review Committee – A committee that is operated by the Division of DD or operated by a contracted provider approved by the Division. These committees review situations where individual's receiving services from the DMH rights are being limited or restricted to ensure that Due Process has occurred and that the individual's rights are being protected. To perform a review, the committee must have at least three members present, with one of those being a person who has no financial affiliation with the Department of Mental Health.
- F. Least Restrictive Procedure – A procedure that *least* restricts an individual's freedom of movement, access to personal property, or least requires an individual to do something which he/she does not want to do, or least involves removal of something the individual owns or has earned and maintains safety. Based on a comparison of the various possible procedures that would maintain safety for the individual in the situations the individual finds themselves.
- G. Licensed behavioral service professional – individual licensed in the state of Missouri under **sections 6 and 7 in 337.315**
- I. Mechanical Restraints – any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that he/she cannot easily remove. Locking a wheelchair, taking

crutches, taking power mechanism from wheelchairs, special seat belts that cannot be removed by the individual, or other ways of restricting an individual's mobility are considered mechanical restraints. Mechanical restraints are prohibited from use in Home and Community Based settings. The definition does not include the following:

1. Medical protective equipment prescribed as part of medical treatment for a medical issue
 2. Physical equipment or orthopedic appliances, surgical dressings or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations, or medical tests
 3. Devices used to support functional body position or proper balance, or to prevent a person from falling out of bed, falling out of a wheelchair
 4. Typical equipment used for safety during transportation, such as seatbelts or wheelchair tie-downs
 5. Mechanical supports, supportive devices used in normative situations to achieve proper body position and balance; these are not restraints
- J. Individual Support Plan (ISP)—A document developed by the individual, with assistance as needed from a representative, in collaboration with a team. The ISP identifies strengths, capacities, preferences, needs and desired outcomes of the individual. The ISP shall encompass personalized mix of paid and non-paid services and supports that will assist him/her to achieve personally defined outcomes. Training, supports, therapies, treatments and/or other services to be provided for the individual become part of the ISP. ISP is also referred to as a person-centered service plan.
- K. Manual Hold – also called Physical restraint – any person that holds another person or part of a person that involves a restriction of an individual's voluntary movement. It does not include physically guiding a person during transport or skill training, or blocking an attempted action such as hitting or throwing an object if the individual's body or parts of body are blocked without grasping or holding the body part.
- L. Prohibited procedures: The interventions prohibited by the Division of Developmental Disabilities, restraint procedures considered at high risk for harm including:
1. Physical restraint techniques that interfere with breathing or any strategy in which a pillow, blanket, or other item is used to cover the individual's face as part of the reactive strategy
 2. Prone restraints (on stomach); restraints positioning the person on their back supine, or restraint against a wall or object
 3. Restraints which involve staff lying/sitting on top of a person
 4. Restraints that use the hyperextension of joints
 5. Any technique or modification of a technique which has not been approved by the Division, and/or for which the person implementing has not received Division-approved training
 6. Mechanical restraints are prohibited from use in Home and Community Based settings, exceptions may be approved by the designation of the director and with regular review of the accompanying behavioral support plan and services by the regional behavior support review committee
 7. Any reactive strategy that may exacerbate a known medical or physical condition, or endanger the individual's life or is otherwise contraindicated for the individual by medical or professional evaluation
 8. Containment without continuous monitoring and documentation of vital signs and status with respect to release criteria
 9. Use of any reactive strategy on a "PRN" or "as required" basis. Identification of safe procedures for use during a crisis in an individual's safety crisis plan is not considered approval for a restraint procedure on an as needed basis
 10. Seclusion Placement of a person alone in a locked or secured room or area which he or she cannot leave at will unless part of an approved Behavior Support Plan with ongoing oversight by a licensed behavioral service provider; this does not include seclusion time out as described in this directive
 11. Standing orders for use of restraint procedures – unless part of a comprehensive safety crisis plan that delineates prevention, de-escalation and least restrictive procedures to attempt prior to use of restraint

12. Any procedure used as punishment, for staff convenience, or as a substitute for engagement, active treatment or behavior support services
 13. Restrictive support strategies such as the use of law enforcement, emergency departments and the use of manual or chemical restraints cannot be incorporated into individual support plans or behavior support plans as “PRN” procedures or as contingencies to eliminate or reduce problem behaviors
 14. Reactive strategy techniques administered by other individuals who are being supported by the agency
 15. Corporal punishment or use of aversive conditioning– Applying painful stimuli as a penalty for certain behavior, or as a behavior modification technique
 16. Overcorrection strategies – Requiring the performance of repetitive behavior as a consequence of undesirable behavior designed to produce a reduction of the frequency of the behavior. Examples: Contingent exercise, writing sentences, over cleaning an area, repeatedly walking down a hallway after running
 17. Placing persons in totally enclosed cribs or barred enclosures other than cribs
 18. Any treatment, procedure, technique or process prohibited elsewhere by federal or state statute
- M. Qualified Personnel- Staff persons who have received competency based training in the Division approved physical crisis management system utilized at the agency in which they are employed and who have current certification of this crisis management training and are also current in the implementation of the individual’s safety crisis plan, behavior support plan and Individual Support Plan, as well as meeting all requirements as a service provider outlined in the most current service definitions for providers.
- N. Reactive strategies- the use of immediate and short term procedures that are necessary to address dangerous situations related to behaviors and/or events that place the person or others at risk. Such procedures should be outlined in the Safety Crisis Plan. Procedures include physical crisis management techniques of manual, mechanical, or chemical restraint. This also includes responses that are more delayed such as restricting access to the community or increasing level of supervision. These are procedures used in direct reaction to the undesirable behavior as opposed to proactive and preventative strategies designed to address the undesirable behaviors in a positive fashion.
- O. Restrictive Procedures –The use of interventions that restrict participant movement, participant access to other individuals, locations or activities, restrict participant rights or employ aversive methods (not including restraints or seclusion) to modify behavior.
- P. Safety Assessment (Attachment A) –assessment by the planning team and physician of an individual’s physical, and/or emotional status. This includes history and current conditions that might affect safe usage of any reactive strategies, and identifies those reactive strategies which should not be used with the individual due to medical or psychological issues of safety. The safety assessment should be completed annually or on the occasion of any significant change.
- Q. Safety Crisis Plan (Attachment C) –an individualized plan outlining the reactive strategies that might most safely address dangerous behaviors at the time of their occurrence or to prevent their imminent occurrence. Procedures identified must be those identified as least restrictive and within safety parameters of the safety assessment. These will be used as a last resort after implementation of proactive, positive approaches. A crisis plan should be developed prior to the need for use or no later than immediately following the first episode of behavior necessitating a reaction to dangerous behaviors that place the person or others at risk of eminent harm; the plan must include the informed consent of the person, their parent or guardian. The Safety Crisis Plan will be considered part of the individual’s support plan
- R. Time out – exclusion and seclusion types are defined
1. **Exclusion time out** is the temporary exclusion of an individual from access to reinforcement, as part of a formal behavior support procedure, in which, contingent upon the individual’s undesirable

behavior(s), the individual is excluded from the potentially reinforcing situation but remains in the same area with others present.

2. **Seclusion time out** is the temporary and time limited removal of an individual to an area or room in which there is limited access to reinforcement and the individual is not allowed to leave the area or room until exit criterion or criteria is met. This is sometimes referred to as a safe room or calm room. Use of seclusion time out must be approved by the Chief Behavior Analyst in Central Office.
3. Both Time out procedures may only be used as part of a behavior support plan approved by the regional behavior support review committee and reviewed by the due process committee; not as an emergency, impromptu, unplanned, and unapproved procedure.

S. Threshold criterion of reactive strategy use- the use of three or more reactive strategies within a six month period, or two or more reactive strategies in a two month period.

- (2) Home and Community Based contracted providers shall monitor and act to reduce the likelihood that an individual will require reactive strategies or restrictive procedures and develop processes to review usage as the threshold criteria for reactive strategy is reached.

A. Reaching this threshold triggers an extensive Causal Review of the situation, done by the planning team.

1. In addition, a review of the individual's behaviors, the need for a functional behavior assessment, and development of a formal behavior support plan or revision of an existing behavior support plan should be completed.
2. The focus of the extensive Causal Review should be towards development or revision of proactive strategies, and prevention of situations that are likely to result in use of reactive strategies.

B. In addition, any individual who meets the threshold criterion for reactive strategies for two consecutive quarters will be referred to the Regional Behavior Support Review Committee for consultation. If an individual meets the criteria for three or more quarters in a two year period, the planning team must request behavioral services.

- (3) Techniques used to physically restrain individuals are limited to those that are from nationally recognized physical crisis management programs. Any internally developed or non-nationally recognized program must be approved by the Division and determined unlikely to cause undue physical discomfort, pain or injury to an individual and included in the individual's safety crisis plan. (as indicated in 630.175.1).

A. Requests for use of crisis management systems other than those that are nationally recognized must be made to the Chief Behavior Analyst of the division in writing, and quarterly analyses of use of the procedures and strategies to eliminate the need must be completed, with documentation submitted to the Chief Behavior Analyst.

B. The physical restraint technique shall be used only in the manner designed and must be formally trained to competency.

C. Any improper use of a physical restraint technique or any excessive application of force may be considered abuse or cause for disciplinary action against the employee.

D. Instances in which reactive strategies are used to restrain an individual shall be documented on the most current event management form.

E. Mechanical restraints are prohibited.

F. Blocking is not considered a physical restraint procedure if used as defined in this directive and as indicated by the individual's person centered planning team and ISP.

- (4) Chemical restraints may only be used in situations of imminent harm to prevent an individual from injuring self or others and only as part of an approved safety crisis plan.

- A. Use of chemical restraints may only occur when specified in a safety crisis plan.
- B. Safety crisis plans which identify chemical restraints require the approval of the Director of the Division or his/her designee prior to implementation of these restraints.

Less restrictive crisis management procedures such as de-escalation and environmental adjustments (e.g. remove others from area) to maintain safety and resolve the situation should be attempted prior to physical or chemical intervention.

- C. Written physician orders for any chemical restraints shall be time limited and for no longer than three hours.
- D. Written orders shall be placed in the individual's record and shall contain at least the following information:
 - 1. brief description of the imminent harm situation including ongoing activities, staff actions and the individual's actions that related to the imminent harm;
 - 2. type of chemical restraint used;
 - 3. the time when the order was written;
 - 4. the time when the chemical restraint was first administered;
 - 5. ongoing visual observation and safety check shall occur during the time that the chemical restraint is affecting the individual.
- E. Standing, or PRN orders for chemical restraints shall not be used. Specification in a Safety Crisis Plan of reactive strategies deemed safe for an individual and/or recommended as the most likely to be effective will not be considered as PRN orders.
- F. The authorized medical professional designated by the physician writing the order shall observe the individual and evaluate the situation within thirty (30) minutes from the time chemical restraints were initiated.
- G. In an emergency in which an on-site authorized physician is not available, only a registered nurse or a qualified licensed practical nurse may administer chemical restraints to an individual and only after receiving an oral order from an authorized physician.
 - 1. The documentation of such orders shall include the following:
 - a. name of physician who gave the order
 - b. name of nurse who received the order
 - c. name of nurse who actually administered the chemical restraint – identify behaviors requiring the chemical restraint in specific terms that allow measurement
 - d. anticipated effects of the medication and time frame related to the effects
 - 2. The person administering the chemical restraints shall document the information required in (A) and the physician's oral order in the individual's record or equivalent record.
 - 3. The oral order shall be signed by a physician as soon as possible after the initial administration of the restraints.

- (5) A safety crisis plan must be developed in situations where reactive strategies have been used (anytime in the past year) or are likely to be used in the future, or where the individual's support team plans to use reactive strategies. If reactive strategies are considered likely and necessary, the team shall also consider the need for more specialized support strategies in the ISP and services such as Person Centered Strategies Consultant or Behavior Analysis Services, to assist in developing more proactive, positive, and teaching focused strategies to address the problem situation and work towards eliminating the need for reactive strategies.

- (6) When an individual reaches a threshold for use of a reactive strategy, the planning team for the individual must conduct an extensive Causal Review of the situation.
- A. In addition to a Causal Review for the individual's behaviors, the need for a functional behavior assessment, and development of a formal behavior support plan or revision of an existing behavior support plan should be considered.
 - B. The focus of the extensive Causal Review should be towards analysis of the variables and situations that resulted in the use of the strategies, the extent to which these might have been avoided, system influences towards use of the strategies or inhibiting more preventative strategies, and the development or revision of proactive strategies, and prevention of situations that are likely to result in use of reactive strategies.
 - C. Any individual who meets the threshold criterion for reactive strategies for two consecutive quarters will be referred to the Regional Behavior Support Review Committee for consultation.
 - D. If an individual meets the criteria for three or more quarters in a two year period, the planning team must request behavioral services.
- (7) Utilization of a seclusion time out (or safe-room) procedure requires that there be a functional assessment of the target behavior, a behavior support plan, request to the Chief Behavior Analyst, in writing, specifying the rationale for the use of the procedure, and an approval of the designated time out area or room. The individual support plan must identify the need for such restrictive procedures and for behavioral services to support the individual to learn alternative behaviors and less restrictive supports.
- A. A specialized crisis program can be approved to utilize seclusion timeout as an emergency procedure with the approval of the Chief Behavior Analyst. Policy and procedures for utilization in the specialized program should include all of the requirements for the behavior support plan identified below.
 - B. In addition, behavioral services must remain active during the time period in which the behavior support plan (time out intervention) is in place.
 - C. The behavior support plan must include:
 - a. That only qualified personnel may use seclusion time out and only for an individual only under conditions set out in an approved behavior support plan. The plan shall be reviewed and approved by the following committees and persons:
 - 1. regional office's behavioral support review committee;
 - 2. regional office's due process review committee;
 - 3. the individual or the family, or legal guardian as appropriate;
 - 4. the Chief Behavior Analyst or designee shall use the Time Out/Safe Room Request Tool (Attachment B)
 - b. The Behavior Support plan shall also include:
 - 1. The release criteria limited to no more than five minutes of calm behavior
 - 2. The total duration for the seclusion time out period shall be no more than one hour except in extraordinary instances (during initial stage of program) that are personally approved at the time of occurrence by the behavior analyst and reviewed within one business day by the regional office administrator.
 - 3. There will be continuous observation of the person in time out.
 - 4. Seclusion Time Out will be discontinued if there are any signs of injury or medical emergency and the person will be assessed by appropriate medical personnel.
 - 5. The date, time and duration of each time-out period shall be documented
 - 6. Contingencies for staff if the person appears to be injured or ill while in time out.

- c. Time out areas or rooms shall meet the safety and comfort requirements below:
 1. Areas and rooms to be utilized for seclusion time out and the procedures for the use of time out shall be reviewed and approved by the Regional Office Director or designee.
 2. Continuous observation of the individual in the area will be possible and maintained at all times.
 3. Adequate lighting and ventilation will be available at all times.
 4. The area or room will be void of objects and fixtures such as light switches, electrical outlets, door handles, wire, glass and any other objects that could pose a potential threat to the individual in time out.
 5. If there is a door to the room or area, it will open such that the individual in the room is not able to bar the door to prevent entry.
 6. The door will be void of any locks or latches that could allow the door to be locked without continuous engagement by a staff person.. Once the staff member removes the pressure on the mechanism it releases and opens automatically.
 7. The room or area will be **at least** six feet by six feet in size or large enough for any individual who will utilize the room to lie on the floor without head or feet hitting walls or door.
 - d. Time out shall only be included as a part of the behavior support plan after a functional behavioral assessment provides indication that the behaviors targeted for intervention with the time out procedure will not be reinforced by the procedure, that there are high rates of positive reinforcement and engaging activities available for the individual making “time in” an enriched situation. These criteria are specified in the time out room/safe room review process.
- (8) Each regional office shall have a behavioral support committee which is chaired by a qualified behavior analysis service professional and meets the requirements of the division directive for behavior support review committees. Part of the function of this committee shall be the review of the restraints used for individuals in the region.
 - (9) Staff who will implement or are likely to utilize restraints and seclusion time out must receive competency based training for all procedures to be used and maintain current certification.
 - A. Documentation of this training must be maintained in the personnel records of the agency employing the individuals trained.
 - B. Staff will be provided with additional training as necessary to maintain a high level of competency with respect to the use of these procedures.
 - (10) Restrictive Procedures- shall not be used as an emergency or crisis intervention.
 - A. Use of restrictive procedures requires that they be developed as part of a formal behavior support plan written by a qualified healthcare provider and monitored and adjusted as a part of formal behavioral services.
 - B. Plans using restrictive procedures must be reviewed by the region’s Due Process Committee and reviewed and approved by the region’s Behavior Support Review Committee.
 - C. Restrictive interventions are utilized only as alternatives to more restrictive placements and only as a means to maintain safety and allow the teaching of alternative skills that the individual can utilize to more successfully live in the community.

- D. The plan must document that any modification (restrictions) of the additional conditions be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:
1. Identify a specific and individualized assessed need.
 2. Document the positive interventions and supports used prior to any modifications to the person centered service plan.
 3. Document less intrusive methods of meeting the need that have been tried but did not work.
 4. Include a regular collection and review of data to measure the ongoing effectiveness of the modification.
 5. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
 6. Include informed consent of the individual.
 7. Include an assurance that interventions and supports will cause no harm to the individual as described in 42 CFR 441.301(c)(2)(xiii)

(11) If use of prohibited procedures is discovered the following will occur:

1. Regional Director will be notified of the use of prohibited procedures, the agency involved, persons for whom the procedures were utilized, and reasons for use.
2. Regional Director will direct regional staff and Area Behavior Analyst to conduct a focused review of the agency.
3. Regional Director will inform provider of the prohibited procedures that have been reported and request provider and planning teams hold emergency team meetings to develop appropriate alternative strategies and discontinue the use of the prohibited procedures immediately.
4. Area Behavior Analyst will work with planning teams to determine appropriateness of strategies and need for additional services to assist support provider to address the situations positively, proactively and preventatively.
5. Area Behavior Analyst will include individuals for whom the prohibited practices have been used to the RSBRC.
6. Follow up reviews of provider will occur to ensure that appropriate procedures of support are utilized and prohibited practices have been discontinued.